

4570

## PLACE OF DEATH

County Graham  
 District Pima  
 Town Pima  
 Or City Pima

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. **707**

## ORIGINAL CERTIFICATE OF DEATH

County Registered No. 13Local Registrar's No. 1

No. \_\_\_\_\_ St. \_\_\_\_\_

(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)

FULL NAME Robert William Hundley

## PERSONAL AND STATISTICAL PARTICULARS

SEX male Color or Race White Indian  
~~Black~~ ~~Chinese~~ ~~Mexican~~ ~~Other~~  
 SINGLE MARRIED  
 WIDOWED or DIVORCED

DATE OF BIRTH March 10 1914  
 (Month) (Day) (Year)

AGE 10 yrs. 10 mos. 10 days If less than 1 day, 6 hrs., or 10 min.

OCCUPATION  
 (a) Trade, profession or particular kind of work. \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed as (employer) \_\_\_\_\_

BIRTHPLACE (State or country) Pima  
Graham Co Arizona

NAME OF FATHER Robt. Hundley

BIRTHPLACE OF FATHER (State or country) Arizona

MAIDEN NAME OF MOTHER Lena Bull

BIRTHPLACE OF MOTHER (State or county) Arizona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Pima Arizona

DATE OF BURIAL OR REMOVAL March 11 1914

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10 1914  
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from 1914 to 1914; that I last saw h. alive on March 10 1914. and that death occurred on the date stated above at 10 AM. The DISEASE or INJURY causing Death was as follows:

Pneumonia (6 mos)

(Duration) 6 yrs. 10 mos. 10 days

Was disease contracted in Arizona? Yes

If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_

(Duration) 6 yrs. 10 mos. 10 days

(Signed) R. E. Bryden

(Address) Pima

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death 10 yrs. 10 mos. 10 ds. In Arizona 10 yrs. 10 mos. 10 ds.

Former or Usual Residence \_\_\_\_\_

Filed April 3<sup>rd</sup> 1914 Mrs. R. E. Bryden

Local Registrar

Filed April 8<sup>th</sup> 1914 R. E. Bryden

County Registrar

THIS SHOULD BE SIGNED BY THE REGISTRAR. REGISTRARS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, THAT IT MAY BE PROPERLY CLASSIFIED. IF ANY ITEM CAN NOT BE OBTAINED INSERT WORD "UNKNOWN." MAKE EVERY EFFORT POSSIBLE TO SECURE THIS INFORMATION. INCORRECT CERTIFICATES WILL BE RETURNED FOR CORRECTION.

PARENTS